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CONFIRMATION NO. 6428

<b>SERIAL NUMBER</b> 10/531,306	<b>FILING or 371(c) DATE</b> 04/13/2005 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1611	<b>ATTORNEY DOCKET NO.</b> 2185400054-US1	
<b>APPLICANTS</b> Maurice John Adward White, Wantirna, AUSTRALIA; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/AU03/01411 10/28/2003 <b>** FOREIGN APPLICATIONS *****</b> AUSTRALIA 2002952305 10/29/2002 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 06/10/2006					
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and /CHARLESWORTH E RAE/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> AUSTRALIA	<b>SHEETS DRAWINGS</b> 3	<b>TOTAL CLAIMS</b> 11	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> CONNOLLY BOVE LODGE & HUTZ LLP 1875 EYE STREET, N.W. SUITE 1100 WASHINGTON, DC 20036 UNITED STATES					
<b>TITLE</b> Dental care product					
<b>FILING FEE RECEIVED</b> 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		